MELLEN MANOR

450 LAKE DRIVE									
MELLEN 54546 Phone	) 274-5706 Owne	rship:		L	Limited Liability Partnership				
Operated from 1/1 To 12/31 Days	Operation: 365 High	est Leve	l License:	Skilled					
Operate in Conjunction with Hospita	al?	No Oper	ate in Co	onjunction with	No				
Number of Beds Set Up and Staffed				No					
Total Licensed Bed Capacity (12/31,	40 Title	e 19 (Med	'es						
Number of Residents on 12/31/02:	35 Aver	age Dail	37						
*********	****	********	****	******	*****	********	******		
Services Provided to Non-Residents						_			
Home Health Care	No	Primary Diagnosis	8	Age Groups	%	Less Than 1 Year	28.6		
Supp. Home Care-Personal Care	No					1 - 4 Years	45.7		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.6	More Than 4 Years	25.7		
Day Services	No								
Respite Care	Yes						100.0		
Adult Day Care	Yes					* * * * * * * * * * * * * * * * * * *			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.9	95 & Over	2.9	Full-Time Equivalent	-		
Congregate Meals	No	Cancer				Nursing Staff per 100 Res	sidents		
Home Delivered Meals	No	Fractures	2.9		100.0	(12/31/02)			
Other Meals	No	1 00-00-00-00-00-00-00-00-00-00-00-00-00-							
Transportation	No	Cerebrovascular	0.0			RNs	9.4		
Referral Service	No	•		Sex		·	6.5		
Other Services	No	1 2							
Provide Day Programming for		Other Medical Conditions	14.3	Male	37.1	Aides, & Orderlies	41.9		
Mentally Ill	No			Female					
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				
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Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Other			Private Pay		Family Care			Managed Care								
Level of Care	No.	Ŷ	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	୧	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	33	100.0	109	0	0.0	0	2	100.0	130	0	0.0	0	0	0.0	0	35	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		33	100.0		0	0.0		2	100.0		0	0.0		0	0.0		35	100.0

MELLEN MANOR

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	9.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	9.1	Bathing	5.7		91.4	2.9	35
Other Nursing Homes	27.3	Dressing	28.6		68.6	2.9	35
Acute Care Hospitals	40.9	Transferring	51.4		45.7	2.9	35
Psych. HospMR/DD Facilities	13.6		42.9		51.4	5.7	35
Rehabilitation Hospitals	0.0	   Eating	71.4		25.7	2.9	35
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	******	*****	*****	******	******
Cotal Number of Admissions	22	Continence		%	Special Treatmen	ts	90
Percent Discharges To:		Indwelling Or Exter:	nal Catheter	5.7	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	3.7	Occ/Freq. Incontine	nt of Bladder	48.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	22.2	Occ/Freq. Incontine	nt of Bowel	28.6	Receiving Suct	ioning	0.0
Other Nursing Homes	7.4	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	11.1	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diet	s 25.7
Rehabilitation Hospitals	0.0	. <u> </u>			-	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	55.6	With Pressure Sores		5.7	Have Advance D	irectives	60.0
otal Number of Discharges		With Rashes		14.3			
(Including Deaths)	27				Receiving Psyc	hoactive Drugs	48.6

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary		Und	er 50	Ski	lled	Ali	l		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	olo	90	Ratio	olo	Ratio	엉	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	92.5	80.0	1.16	93.9	0.98	83.3	1.11	85.1	1.09		
Current Residents from In-County	65.7	73.3	0.90	73.6	0.89	75.8	0.87	76.6	0.86		
Admissions from In-County, Still Residing	40.9	19.2	2.14	35.3	1.16	22.0	1.86	20.3	2.01		
Admissions/Average Daily Census	59.5	136.0	0.44	67.9	0.88	118.1	0.50	133.4	0.45		
Discharges/Average Daily Census	73.0	138.5	0.53	73.6	0.99	120.6	0.60	135.3	0.54		
Discharges To Private Residence/Average Daily Census	18.9	59.1	0.32	16.7	1.14	49.9	0.38	56.6	0.33		
Residents Receiving Skilled Care	100	93.4	1.07	82.0	1.22	93.5	1.07	86.3	1.16		
Residents Aged 65 and Older	91.4	95.9	0.95	93.3	0.98	93.8	0.97	87.7	1.04		
Title 19 (Medicaid) Funded Residents	94.3	73.2	1.29	77.4	1.22	70.5	1.34	67.5	1.40		
Private Pay Funded Residents	5.7	16.8	0.34	15.9	0.36	19.3	0.30	21.0	0.27		
Developmentally Disabled Residents	0.0	0.9	0.00	0.4	0.00	0.7	0.00	7.1	0.00		
Mentally Ill Residents	62.9	33.7	1.87	59.4	1.06	37.7	1.67	33.3	1.89		
General Medical Service Residents	14.3	19.3	0.74	13.0	1.10	18.1	0.79	20.5	0.70		
Impaired ADL (Mean)	32.0	46.1	0.69	44.5	0.72	47.5	0.67	49.3	0.65		
Psychological Problems	48.6	51.2	0.95	49.0	0.99	52.9	0.92	54.0	0.90		
Nursing Care Required (Mean)	5.7	7.2	0.80	5.6	1.01	6.8	0.84	7.2	0.79		